NOTICE OF FEE DUE

DATE:	02-18	7 05			
TO:	issue F	(a)			
FROM:	Office of Initial Pa	itent Examir	nation		
SUBJECT			,		•
АРРИСАТ	TON NUMBER				
authorization	for the attached doc ne following reason. n to charge a deposi ppropriate fee. If an iency.	Please ched	ck the applicat	ion for the ap	propriate
□/Insufficie	ent fee by check				
☐ Insufficie	nt funds in deposit a	eccount			·
☐ Declined of	credit card				
. O Non autho	rization for charge t	o deposit ac	count		
□ No fee sub	mitted per requirem	ent ^p		·	
The correct fee	e code:250	<u> </u>	amount	\$ 70	0
The suspended	fee code: 197		amount	-\$	85
Fee Due		·	amount	`=\$	15
If you have any Eleanor Kurtz at	questions, please co	ntact Cynth	ia Streater at 7	03-306-5430	or design
Ferminal Operat	or \mathcal{M}	<i>\(\)</i>			
•	DF0-				